



BADMINTON CONFEDERATION AFRICA - EXPENSES CLAIM FORM 2021



NAME OF CLAIMANT					
DATE OF CLAIM					
GENERAL EXPENSES CLAIM FOR THE PERIOD		FROM:		TO:	
or					
NAME OF EVENT (Meeting/Tournament/Course)					
DATE OF EVENT		FROM:		TO:	
Item	Detail or Description of Expenses	Currency expense was paid in	Amount of Currency Paid	Exchange Rate	AMOUNT TO PAY(USD)
TOTAL					\$ -

NAME OF BENEFICIARY <small>(as in bank account)</small>	
BENEFICIARY ACCOUNT NUMBER	
IBAN (INTERNATIONAL BANK ACCOUNT NUMBER)	
ADDRESS OF BENEFICIARY <small>(as in bank statement)</small>	
NAME OF BANK	
SWIFT CODE / BIC (BANK IDENTIFIER CODE)	
BANK COUNTRY	
CORRESPONDENCE(ROUTING) BANK DETAILS <small>(if applicable)</small>	

ALL CLAIMS MUST BE SUPPORTED BY RECEIPTS AND INVOICES OR SETTLEMENT MAY BE DELAYED

DECLARATION - I confirm that the above payment details and all information contained herein is correct	
Name:	
Signature:	
Date:	

For office use only

Approved By :-

Edoo Sahir (BCA Secretary General)

Date

Second signed By :-

Chipo Zumburani (BCA Treasurer)

Date